

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) AND 1.27 (d)) - NONPROFIT ORGANIZATION**

Docket No.
87647.98R199

Serial No.	Filing Date	Patent No.	Issue Date
Not Yet Known	Herewith		

Applicant/
Patentee: **Bailey et al.**

Invention: **FOOD AND VITAMIN PREPARATIONS CONTAINING THE NATURAL ISOMER OF
REDUCED FOLATES (U.S. National Stage of PCT/US97/01870, filed January 31, 1997)**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: **South Alabama Medical Science Foundation**

ADDRESS OF ORGANIZATION: **P.O. Box U-1060**

Mobile, AL 36688

TYPE OF NONPROFIT ORGANIZATION:

- University or other Institute of Higher Education
- Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3))
- Nonprofit Scientific or Educational under Statute of State of The United States of America
Name of State: _____ Citation of Statute: _____
- Would Qualify as Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) if Located in The United States of America
- Would Qualify as Nonprofit Scientific or Educational under Statute of State of The United States of America if Located in The United States of America
Name of State: _____ Citation of Statute: _____

I hereby declare that the above-identified nonprofit organization qualifies as a nonprofit organization as defined in 37 C.F.R. 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- the specification to be filed herewith.
- the application identified above.
- the patent identified above.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- no such person, concern or organization exists.
- each such person, concern or organization is listed below.

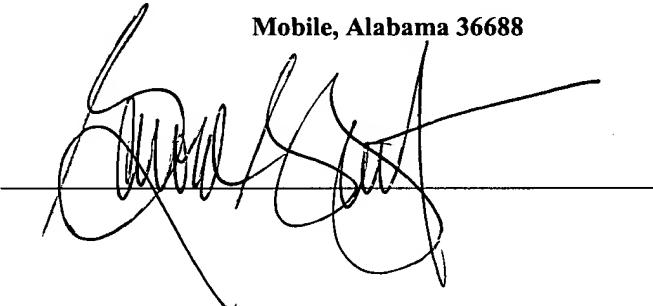
FULL NAME	<hr/>		
ADDRESS	<input type="checkbox"/> Individual	<input type="checkbox"/> Small Business Concern	<input type="checkbox"/> Nonprofit Organization
FULL NAME	<hr/>		
ADDRESS	<input type="checkbox"/> Individual	<input type="checkbox"/> Small Business Concern	<input type="checkbox"/> Nonprofit Organization
FULL NAME	<hr/>		
ADDRESS	<input type="checkbox"/> Individual	<input type="checkbox"/> Small Business Concern	<input type="checkbox"/> Nonprofit Organization
FULL NAME	<hr/>		
ADDRESS	<input type="checkbox"/> Individual	<input type="checkbox"/> Small Business Concern	<input type="checkbox"/> Nonprofit Organization

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING:	<u>Garold G. Breit</u>
TITLE IN ORGANIZATION:	<u>Director</u>
ADDRESS OF PERSON SIGNING:	<u>South Alabama Medical Science Foundation</u>
	<u>P.O. Box U-1060</u>
	<u>Mobile, Alabama 36688</u>

SIGNATURE: 

DATE: 7/24/98

Please type a plus sign (+) inside this box →

PTO/SB/01 (12/97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))

Attorney Docket Number 87647.98R199

First Named Inventor Bailey

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FOOD AND VITAMIN PREPARATIONS CONTAINING THE NATURAL ISOMER
OF REDUCED FOLATES**

the specification of which *(Title of the Invention)*

is attached hereto
 OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached? YES	NO
none		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/010,898	01/31/1996	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US97/01870	01/31/1997	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transmit all business in the Patent and Trademark Office connected therewith:

Customer Number →
 OR Place Customer Number Bar Code Label here
Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Susan J. Braman	34,103		

Additional registered practitioner(s) named on supplemental Registered Practitioner information sheet PTO/SB/02C attached hereto.

Direct all correspondence Customer Number or Bar OR Correspondence address below

Name	Susan J. Braman				
Address	Jaekle Fleischmann & Mugel, LLP				
Address	39 State Street				
City	Rochester	State	NY	ZIP	14614-1310
Country	US	Telephone	716-262-3640	Fax	716-262-4133

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Steven W.		Bailey						
Inventor's	<i>Steven W. Bailey</i>					Date	28 July 98	
Residence: City	Mobile	AL	State	AL	Country	US	Citizenship	US
Post Office Address	Pharmacology Department, 3130 MSB; College of Medicine							
Post Office Address	University of South Alabama							
City	Mobile	State	AL	ZIP	36688	Country	US	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached								

Please type a plus sign (+) inside this box →

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

June E.

Ayling

Inventor's	<u>June E - Ayling</u>					Date	<u>July 27</u>
Residence: City	<u>Mobile</u>	State	<u>AL</u>	Country	<u>US</u>	Citizenship	<u>US</u>

Post Office Address

Pharmacology Department, 3130 MSB; College of Medicine

Post Office Address

University of South Alabama

City

Mobile

State

AL

ZIP

36688

Country

US

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's

Date

Residence: City

State

Country

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ZIP

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Family Name or Surname

Inventor's
Signature

Date

Residence: City

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Country

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	87647.98R199
		First Named Inventor	Bailey
COMPLETE IF KNOWN			
Declaration Submitted with Initial Filing		Application Number	/
OR		Filing Date	
Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e))		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which

(Title of the Invention)

is attached hereto

OR

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I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

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Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached? YES	NO
none			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Customer Number
OR
 Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Susan J. Braman	34,103		

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Country	US	Telephone	716-262-3640
		Fax	716-262-4133

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Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Steven W.		Bailey					
Inventor's	<i>Steven W. Bailey</i>			Date	28 July 98		
Residence: City	Mobile	State	AL	Country	US	Citizenship	US
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

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Given Name (first and middle [if any])		Family Name or Surname						
June E.		Ayling						
Inventor's	<i>June E - Ayling</i>						Date	<i>July 27 1998</i>
Residence: City	Mobile	State	AL	Country	US	Citizenship	US	
Post Office Address	Pharmacology Department, 3130 MSB; College of Medicine							
Post Office Address	University of South Alabama							
City	Mobile	State	AL	ZIP	36688	Country	US	
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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